

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration
Submitted
With Initial
Filing

OR

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket
Number

7003/54

First Named Inventor

Fabian Model

COMPLETE IF KNOWN

Int'l Appln Number

PCT/EP2005/001407

Int'l Filing Date

02/07/2005

Art Unit

Unassigned

Examiner Name

Unassigned

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD FOR THE CALIBRATION AND VERIFICATION OF METHYLATION ANALYSIS
METHODS WITH THE AID OF NON-METHYLATED DNA**

(Title of Invention)

The specification of which

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) **02/07/2005** as United States Application Number or PCT International

Application Number
applicable).

PCT/EP2005/001407

and was amended on (MM/DD/YYYY)

(if

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

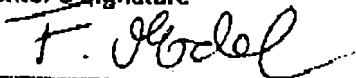
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for Continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

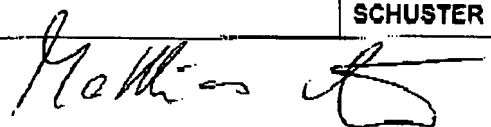
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed Priority Claimed	Certified Copy Attached?	
				YES	NO
EP 04090037.5	EP	02/05/2004	Priority Claimed	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

DECLARATION – Utility or Design Patent Application

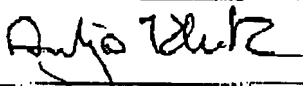
Direct all Correspondence to:	<input checked="" type="checkbox"/> The address associated with Customer Number:	27774	OR	<input type="checkbox"/> Correspondence address below
Name				
Address				
City		State		Zip
Country		Telephone		Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
FABIAN		MODEL		
Inventor's Signature 				Date 08/09/2006
Residence: City	State	Country	Citizenship	
BERLIN		GERMANY	GERMANY	
Mailing Address Kleine Praesidentenstrasse 1				
City	State	Zip	Country	
BERLIN		D-10178	GERMANY	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
MATTHIAS		SCHUSTER		
Inventor's Signature				Date
Residence: City	State	Country	Citizenship	
BERLIN		GERMANY	GERMANY	
Mailing Address Kleine Praesidentenstrasse 1				
City	State	Zip	Country	
BERLIN		D-10178	GERMANY	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.				

DECLARATION – Utility or Design Patent Application

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Address			
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NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
FABIAN		MODEL	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
BERLIN		GERMANY	GERMANY
Mailing Address			
Kleine Praesidentenstrasse 1			
City	State	Zip	Country
BERLIN		D-10178	GERMANY
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
MATTHIAS		SCHUSTER	
Inventor's Signature			Date
			02.08.06
Residence: City	State	Country	Citizenship
BERLIN		GERMANY	GERMANY
Mailing Address			
Kleine Praesidentenstrasse 1			
City	State	Zip	Country
BERLIN		D-10178	GERMANY
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

DECLARATION – ADDITIONAL INVENTOR(S)
Supplemental Sheet

Page 3 of 3

Name of additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
ANTJE		KLUTH	
Inventor's Signature 			Date 28.7.06
Residence: City	State	Country	Citizenship
BERLIN		GERMANY	GERMANY
Mailing Address			
Kleine Praesidentenstrasse 1			
City	State	Zip	Country
BERLIN		D-10178	GERMANY
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country